

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042334

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3159

FIL OCT 30 1963

1. PLACE OF DEATH

a. COUNTY *St. Louis*

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN *Pagedale*

Length of stay in 1b

20 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION *6737 Roberts Ave.*

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.* b. COUNTY *St. Louis*

c. CITY OR TOWN *Pagedale*

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6737 Roberts Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Henry

Middle

Last

Kremer

4. DATE OF DEATH

Month *Oct.*

Day *14;*

Year *1963*

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-24-1890

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Private Patrolman

10b. KIND OF BUSINESS OR INDUSTRY

Patrolling

11. BIRTHPLACE (City and state or country)

Germany

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Kremer

13b. MOTHER'S MAIDEN NAME

Wilhelmina Angel

14. NAME OF HUSBAND OR WIFE

Pearl M. Kremer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) *No*

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Pearl M. Kremer-6737 Roberts-Pagedale

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10-1-63

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour *s.m.* Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *10-2-63* to *10-14-63* and last saw him alive on *10-12-63*

Death occurred at *7 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Walter H. Spoeneman (Degree or title)

22b. ADDRESS

#1515 St. Louis

22c. DATE SIGNED

10-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-16-63

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

23d. LOCATION (City, town, or county) (State)

Pagedale, Mo.

24. FUNERAL HOME

2504 WOODSON ROAD

25. DATE RECD. BY LOCAL REG.

10-15-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

OVERLAND 14, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3052

P. O. Address St. 14 mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also, shall sign in his OWN handwriting.

If this body is not embalmed, fact, should be so stated above.